

Service Plan monitor First Quarter 2008/09

Older Peoples' & Physical Disability/Sensory Impairment services

Achievements

In addition to the progress with the critical success factors listed below, the following has been achieved within the service during the first quarter.

- Preparation for and completion of the CSCI inspection. This took considerable time and resource during the period.
- Discharge delays remain low.
- Planning for the home care changes required following the budget proposals has been an inclusive and measured project coordinated through a Project Board.
- The delivery of equipment for daily living has remained within the highest national quartile.
- Direct payments have increased, predominantly through the inclusion and expansion of the carers flexible break scheme and through the choices made by some service users on closure of HRDC.
- There has been a significant increase in safeguarding investigations during the quarter.
- A regional conference on Outcome based planning was hosted by York, facilitated by a leading exponent and author of the methodology

Areas for Improvement

There are a number of areas for improvement that have been identified during the quarter, in addition to those that will be recommended through the CSCI inspection report.

- **Support to people who are self-funding**

The national annual report by the Commission for Social care has highlighted the position of people who are likely to need to fund their own care as a result of means tested discretionary charging systems. Local authorities are urged to ensure that they fulfil their statutory responsibilities with the assessment and support of such individuals to help them make appropriate choices. Whilst all people in York do receive some support regardless of their income, further work is required to identify any improvements that could be made.

- **Direct Payments and Individual budgets.** Whilst more older people and people with a disability have joined the Direct payment scheme there will need to be more emphasis within the assessment process on ensuring people do have the information to make an informed choice on whether to take up an individualised payment scheme.
- **Key performance Indicators.** The performance indicators in respect of support to carers and timeliness of assessments are currently showing a very low performance. Action plans are in place to improve these by the end of the year. The main risk area is that of the assessment timeliness where some changes will require additional capacity and changes to the recording processes with implications for budgets and for IT support.

Critical Success factors

ESCR- electronic record keeping

The next phase of the data base development, electronic record keeping and business development is progressing well with the extension to the purchasing of and charging for services through the system. This will be going live during the next quarter and staff training and data transfer has now been completed successfully.

The decline in performance due to technical difficulties in relation to documentation and working practices, is being addressed through specific action plans being developed and implemented. Where possible catch up activity will be undertaken. The performance indicator relating to timeliness of assessments will continue to be problematic until sufficient capacity and focus has been allocated to complete the work necessary to revise the process and the structure of documentation within the system.

Planning for modernization of Disability day services & development of strategy for Long-term conditions

The Huntington road day centre closed as expected at the end of May, with all previous customers being supported into alternative day services. A small day service team was set up from the staff group at HRDC and this staff group offers support to the ex-users of the centre. Transport is arranged when necessary.

Consultation on the Physical Disability and Sensory Impairment Strategy continued in the first quarter with an early draft of the strategy being presented to members in June. Further consultation is now planned on the sensory impairment component of the strategy and agencies and individuals are shortly to be approached to establish a partnership board for PSI. Discussion have also been held and a project plan developed for the development of a User led organisation and the subsequent development of a Centre for Independent Living ahead of the 2010 deadline.

The development and implementation of the first part of 3-year section of long-term commissioning plan, related to:

- **Accommodation & support**
- **Prevention & diversion from intensive support**
- **Implementation of telecare**
- **Support to carers**

The development of the prevention strategy is one of the four key work-streams jointly undertaken between the Primary care Trust and Local authority (outlined below). During the first quarter there has been an increase in the numbers using the warden and the telecare services. The links with colleagues from the Community safety steering group and in relation to the community guardian system are also being developed.

The revised national carers strategy was launched during May and work is now underway to revise the local strategy through local carers partnership arrangements. Progress within the local carers strategy has included:

- implementation of the emergency carer contingency card in May, initially operating through warden call and with the coordination soon to be transferred to the carers centre
- the carers centre has moved to Priory Street and, with CVS support will be managed by an independent charitable organisation.
- The flexible breaks scheme remains very popular with considerable pressure on the budget and clearer criteria and allocations now being developed.
- The carers Forum has developed into a very successful and active network supported by the Carers strategy manager. This Forum is now contributing significantly to the service and strategy development.
- All Carer Support Workers are in place and all assessment activity is up to date. Low performance is associated with recording systems in the new database and this is currently being rectified.
- Additional resources have also been made available to extend the capacity of the Carer Strategy Manager to support the development and implementation of the revised carer strategy

Implementation of Mental Capacity Act

Whilst the Mental Capacity Act was initially implemented in October 2007, amendments are to be implemented from April 2009. National guidance has recently become available. A partnership structure for planning the changes has been put in place across York and North Yorkshire. Proposals will be brought to Members in October for responding to the revisions in the Act and use of the additional grant that will be made available.

Joint commissioning and delivery with PCT (PBc):

- **Primary prevention**
- **Older people with mental health problems**
- **Rehab/intermediate care**
- **Long-term conditions (inc. telecare)**

Work with the Primary care Trust has taken forward the following in relation to the four areas of work:

Prevention

Data review for population needs assessment covering:

- areas of multiple deprivation
- Information on Attendance allowance claims compared to census information on Life Limiting Illness
- Information from Housing Market analysis on need for support services

Service mapping

- Local services
- Lessons from prevention schemes from other areas.

- Lessons from Nottinghamshire's and Leeds to build on the collaboration between organisations

Investment plan for new services

- Handypersons agreed with Supporting People- this is currently out to tender
- Case finding agreed in principle to be funded from the Social Care Reform Grant.

The Joint commissioning is now mapping priorities for late August, to help guide investment proposals for 2009/10.

Older People's Mental Health

- Early Diagnosis and support with three workshops held and consultation with Memory Group and carers.
- Dementia Strategy consultation which suggests:
 - The development of Memory Assessment service,
 - A care navigator role for people with confirmed diagnosis
- Local proposal to develop Primary Care mental health workers for organic conditions.
- Further work to identify the additional supports that will be needed if more people are diagnosed

Intermediate tier

Work between the PCT, York Health Group, York Hospital and CYC has involved

- mapping current provision with a view to developing an integrated approach to "Care outside hospital" that incorporates – a single point of access, a co-ordinated approach to service delivery and the simplification of the existing system in order to develop a clear and easily accessible patient pathway.
- Open access to GP beds within the existing system.
- Care navigators for people who may need to fund their own care.

3 Workshops are being held with facilitation from Prof. Gerald Wistow to look at development of integrated working

Long Term Conditions

Joint commissioning in respect of people with Long-term conditions has focussed on:

- Case management with the Primary Care and Trust commissioners appointing a number of additional case managers and community matrons.
- Falls assessment and prevention with recruitment underway for 4 WTE posts in the first phase

- Telehealthcare with the most likely starting point for patients with complex needs in respect of COPD and heart failure.
- COPD / Heart Failure with this as a priority for York Health Group for development and Changes in diagnostic services are being finalised in order to promote increased diagnosis of heart failure and hence more active management

Implement action plan resulting from the Commission for Social care Inspection

The outcome of the CSCI inspection are being reported separately and an improvement plan will be presented to Members at the October EMAP

Budget

The table below sets out the major variations in accordance with the financial regulations

OLDER PEOPLE & PHYSICAL DISABILITY	Budget £'000	Projected Variation £'000	Variation %
Community Support – continuation of overspend from previous years.	1,193	+421	+35.2
In House Home Care – currently savings are being achieved over and above those identified as part of the budget process.	<u>3,919</u> 5,112	<u>-272</u> +149	-6.9 +2.9
Direct payments – continued increase in the number of customers opting to take a direct payment.	831	+93	+11.2
Intake and North Social Work team - use of agency staff in Intake team to assist with safeguarding adults' work.	577	+138	+23.9
Elderly Persons Homes –overspending on pay (£149k) due to levels of sickness plus continued pressure of staffing to minimum CSCI standards. This is offset by overachievement of income (£300k).	2,603	-151	-5.8
EPH repairs and maintenance – continued overspend from previous year.	256	+100	+39.1
Other minor variations	13,490	0	0.0
Total Older people & Physical Disability	22,929	+329	+1.4

Section 5: Scorecard of improvement measures & actions (3 pages max)

Customer based improvements

Customer Measures				
How will you check whether you are improving from a customer perspective?				
Please list any 'SMART' indicators (this should also include the target you want to achieve – for the next 3 years if possible).				
Measure	Current	2008/09 Target	2009/10 Target	2010/11 Target
NI 125 Achieving independence for Older people through rehabilitation/intermediate care	Baseline to establish	N/A	N/A	N/A
NI127 Self-reported experience of social care users	Methodology to establish	N/A	N/A	N/A
NI 128 User reported measure of respect and dignity in their treatment	Methodology to establish (CASSR)	N/A	N/A	N/A
NI 130 Social care clients receiving self-directed support (Direct payments and Individual budgets	60	49	68	82
NI 131 Delayed transfers of care from hospitals	0.5	2	2	2
NI 135 Carers receiving assessments or review and a specific carers service or advice and information.	5.94	18.75	20.18	21.55
NI 136 People Supported to live independently through social services (all ages) – care managed and non-care managed and grant funded services, per 100,000 adults aged 18+	1370	1441	1525	1602
NI 138 Satisfaction of people over 65 with both home and neighbourhood	Baseline to establish	N/A	N/A	N/A
NI 139 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	Baseline to establish	N/A	N/A	N/A
HCOP8.3 Older People aged 65 or over with supported admissions on a permanent basis in the year to residential or nursing care per 10,000 of the population aged 65	70	70	TBC	TBC
HCOP8.6 Number of new users aged 65 and over who have 1 or more items of telecare equipment	224	520	630	TBC

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Process based improvements

Process Measures				
How will you check whether you are improving from a process perspective?				
Please list any 'SMART' indicators (this should also include the target you want to achieve – for the next 3 years if possible).				
Measure	Current	2008/09 Target	2009/10 Target	2010/11 Target
NI 132 Timeliness of social care assessments	45.69	76.5	77	77
NI 133 Timeliness of Social care packages to older people	Not available	92	93	93
BV56 – D54 (PAF) % items of equipment and adaptations delivered with 7 working days	95.74	95	95	95
BV58 (PAF D39) %age of people receiving a statement of their need and how they will be met (all customer groups)	90	93	94	94
%age of adult users assessed and/or reviewed in the year that had ethnic origin missing or not stated	18	Less than 10%	Less than 10%	Less than 10%
New or revised local policies and protocols required by Mental Capacity Act amendment	On target	October 2008		

